

Exhibit 15

(15)

EDUCATION AND STATE EMPLOYEES GRIEVANCE BOARD FORM FOR STATE EMPLOYEES

808 Greenbrier Street, Charleston, WV 25311 (304) 558-3361 Fax (304) 558-1106 Toll-Free (866) 747-6743

For Levels I, II, III, IV

PART A: Grievant's Information:

Grievant's Name	State Agency	Grievant's Representative (if applicable)
<u>M. Sharon Lewis</u>	<u>BEP - 005</u>	
Grievant's Home Address	Grievant's Work Address	Representative's Address
<u>303 Beacon Tere</u>	<u>#1 Players Club Dr.</u>	
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code
<u>Charleston, WV 25302</u>	<u>WV 25302</u>	
Grievant's Home Telephone No.	Grievant's Work Telephone No.	Representative's Telephone No.
<u>304-343-9328</u>	<u>304 3558-5561</u>	

STATEMENT OF GRIEVANCE: (Please state the event causing this grievance and list the specific statutes, policies, rules, regulations or agreements you claim have been violated, misapplied or misinterpreted.)

29-6A
Sexual Harassment, Discrimination, but Not Limited to - on
RELIEF SOUGHT: - Mr. Hills' removal from, Supervisor # Vance Hill, Jr.
Supervisors - position over White Woman, Give me, his
Title, position, his salary plus 10% - his office.

PART B: Procedural Summary (if applicable)

Level I: Check , if appropriate: A Level I Informal Conference is requested.

Grievant's Signature:

Date Filed:

Date of Decision:

Level II:

Grievant's Signature:

Date Filed:

Date of Decision:

Level III:

Grievant's Signature:

Date Filed:

Date of Decision:

Level IV: Check One:

A Level IV hearing is requested.

A decision may be made on the lower level record.

Grievant's Signature:

Date Filed: